

COMPLIANCE CHECKLIST

► Gastrointestinal Endoscopy Facilities

The following Checklist is for plan review of clinic and hospital outpatient facilities, & is derived from the AIA Guidelines for Design & Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 & Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations & Department Policies when filling out this Checklist The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II A separate Checklist must be completed for each outpatient department.

Other jurisdictions, regulations & codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project & <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements & for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
6. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.9-**") & the specific section number.

Facility Name:

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

3.9- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-1.4 ENVIRONMENT OF CARE**

1.4.1 ☐ Design ensures patient acoustical & visual privacy

3.1-1.6 FACILITY ACCESS

1.6.2 ☐ Building entrance
☐ grade level
☐ clearly marked
☐ access separate from other activity areas
 1.6.3 ☐ Design precludes unrelated traffic within the facility

1.6.1 PARKING

☐ Min. 4 parking spaces for each endoscopy procedure room
☐ Min. 1 parking space for each staff member
☐ Additional parking spaces convenient to facility entrance for pickup of patients after recovery

2 EXAMINATIONS

3.1-2.1.1/ 3.1-2.1.3	<input type="checkbox"/> Examination room <input type="checkbox"/> min. 80 sf (excluding vestibules & fixed casework) <input type="checkbox"/> min. clearance 2'-8" on sides & foot of exam table <input type="checkbox"/> documentation space with charting counter	or	<input type="checkbox"/> Treatment room for minor surgical procedures <input type="checkbox"/> min. 120 sf (excluding vestibules & fixed casework) <input type="checkbox"/> min. dimension 10'-0" <input type="checkbox"/> min. clearance 3'-0" at each side & at foot of treatment table <input type="checkbox"/> documentation space with charting counter	<input type="checkbox"/> Handwashing station <input type="checkbox"/> Vent. min. 6 air ch./hr <input type="checkbox"/> Portable or fixed exam light <input type="checkbox"/> Min. 2 el. duplex receptacles
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2.3.1 PROCEDURE ROOMS

2.3.1.1 (2) 2.3.1.2	<input type="checkbox"/> Min. 200 sf (excluding vestibule, toilet, closet, fixed cabinets & built-in shelves) <input type="checkbox"/> Min. clearance 3'-6" at each side, head & foot of the stretcher/table <input type="checkbox"/> Designed for visual & acoustical privacy for patients	<input type="checkbox"/> Handwashing station <input type="checkbox"/> Vent. min. 6 air ch./hr <input type="checkbox"/> 1 OX & 3 VAC <input type="checkbox"/> Min. 2 el. duplex receptacles <input type="checkbox"/> emergency communication system
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2.3.2 PATIENT HOLDING/PREP/RECOVERY AREA

Policy 2.3.2.2	<input type="checkbox"/> Ratio of recovery stations to procedure room is determined according to projected average procedure & recovery times (explained in Project Narrative) <input type="checkbox"/> Min. clear floor area of 80 sf for each patient station <input type="checkbox"/> Space for additional equipment <input type="checkbox"/> Min. clearance 5'-0" between patient stretchers <input type="checkbox"/> Min. clearance 4'-0" between patient stretchers & adjacent walls (at stretcher's sides & foot) (3) <input type="checkbox"/> Provisions for patient privacy	<input type="checkbox"/> Handwashing stations (3.7-2.4.1.2) <input type="checkbox"/> min. 1 station per 4 stretchers <input type="checkbox"/> uniformly distributed <input type="checkbox"/> Vent. min. 6 air ch./hr
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2.3.3 SUPPORT AREAS for Procedure Suite

2.3.3.1 2.3.3.2	<input type="checkbox"/> Nurse station <input type="checkbox"/> control & charting area <input type="checkbox"/> provides view of patient positions <input type="checkbox"/> Medication station <input type="checkbox"/> storage & preparation of medications <input type="checkbox"/> refrigerator for pharmaceuticals <input type="checkbox"/> double-locked storage for controlled substances	<input type="checkbox"/> Handwashing station
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3.9- ARCHITECTURAL REQUIREMENTS

- 2.3.3.3 ☐ Patient toilet rooms
☐ accessible from patient holding area or directly from procedure room
- 2.3.3.4 ☐ Clean utility space
- 2.3.3.5 ☐ Equipment storage
☐ stretcher storage area
☐ wheelchair storage
☐ convenient for use
☐ out of the direct line of traffic
- 2.5.8 ☐ Housekeeping room
☐ storage space for housekeeping supplies & equipment

SUPPORT AREAS for Staff

- 2.4 ☐ Staff clothing change area
- 2.4.1 ☐ toilet room
- 2.4.1.3 ☐ lockers
☐ space for changing clothes
- 2.4.1.4 ☐ staff shower
☐ conveniently accessible to the procedure suite & patient holding/prep/recovery areas.
- 2.4.2 ☐ Staff lounge & toilet facilities
☐ check if service not included (only if less than 3 procedure rooms)
☐ staff toilet room

SUPPORT AREAS for Patients

- 2.5 ☐ Outpatient surgery change area
- 2.5.1 ☐ lockers
☐ toilet room
☐ clothing change area
☐ space for administering medications
- 2.5.1.2 ☐ Secure storage of patients personal effects

SERVICE AREAS

- 3 ☐ Clean storage & soiled workroom separated from unrelated activities & controlled to prohibit public contact
- 3.1 ☐ Clean/sterile supplies storage
- 3.1.1.2 ☐ Soiled workroom
☐ work counter
☐ holding areas for trash, linen & other contaminated waste
- 3.2 ☐ Instrument processing room
- 3.2.1.3 ☐ room layout allows for flow of instruments from the decontamination area to the clean assembly area, then to storage
☐ physical barrier between decontamination area and clean assembly area
☐ decontamination area
- 3.2.2 ☐ work counter
- 3.2.2.3 ☐ equipment accommodations space
- 3.2.2.4 ☐ utility connections for automatic endoscope washers & sterilizers

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan-cleaning device
- ☐ Floor service sink
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Vent. min. 10 air ch./hr (exhaust)
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- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Clinical flushing-rim sink
- ☐ Utility sink
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ air movement from clean assembly to decontamination area

3.9-	ARCHITECTURAL REQUIREMENTS	MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS
3.3	<input type="checkbox"/> Equipment & supply storage	
3.3.1	<input type="checkbox"/> equipment & supplies for endoscopy procedures	
3.3.2	<input type="checkbox"/> anesthesia equipment & supply storage	
3.3.3	<input type="checkbox"/> medical gas storage <input type="checkbox"/> adequate space for supply & storage <input type="checkbox"/> space for reserve cylinders	
3.3.4	<input type="checkbox"/> emergency equipment/supply storage <input type="checkbox"/> crash cart <input type="checkbox"/> anesthesia carts	
3.5	<input type="checkbox"/> Housekeeping room <input type="checkbox"/> storage space for housekeeping supplies & equipment	<input type="checkbox"/> Floor receptor sink <input type="checkbox"/> Vent. min. 10 air ch./hr (exhaust)
3.1-3.2	<input type="checkbox"/> Engineering services & maintenance (may be shared with other departments or building tenants)	
3.2.1	<input type="checkbox"/> equipment room for boilers, mechanical equipment & electrical equipment	
3.2.2	<input type="checkbox"/> equipment & supply storage	
3.1-3.3.1.1	<input type="checkbox"/> waste collection & storage	
<u>PUBLIC AREAS</u>		
3.1-4.1.1	<input type="checkbox"/> Entrance	
3.9-4.1.1	<input type="checkbox"/> covered entrance for pickup of patients after surgery <input type="checkbox"/> pickup area does not interfere with parking access <input type="checkbox"/> accommodates wheelchairs	
3.1-4.1.2	<input type="checkbox"/> Reception & information counter or desk	
3.1-4.1.3	<input type="checkbox"/> Waiting space	<input type="checkbox"/> Vent. min. 6 air ch./hr
3.1-4.1.4	<input type="checkbox"/> Public toilets <input type="checkbox"/> conveniently accessible from waiting area <input type="checkbox"/> access separate from patient care or staff work areas	<input type="checkbox"/> Handwashing station <input type="checkbox"/> Vent. min. 10 air ch./hr (exhaust)
3.1-4.1.5	<input type="checkbox"/> Telephones for public use <input type="checkbox"/> pay phones or wall-hung standard phones (local calls)	
3.1-4.1.6	<input type="checkbox"/> conveniently accessible	
3.1-4.1.7	<input type="checkbox"/> Provisions for drinking water <input type="checkbox"/> conveniently accessible <input type="checkbox"/> Wheelchair storage <input type="checkbox"/> conveniently accessible	
4.2	<u>ADMINISTRATIVE AREAS</u>	
4.2.1	<input type="checkbox"/> Interview space <input type="checkbox"/> provisions for privacy	
4.2.2	<input type="checkbox"/> Offices <input type="checkbox"/> business office <input type="checkbox"/> offices for administrative & professional staff	
4.2.2.1	<input type="checkbox"/> separate from public & patient areas with provisions for confidentiality of records	
4.2.3	<input type="checkbox"/> Medical records <input type="checkbox"/> secure medical records storage	
4.2.4	<input type="checkbox"/> Multipurpose or consultation room	
4.2.5	<input type="checkbox"/> General storage	

GENERAL STANDARDS**DETAILS & FINISHES****Corridors (3.1-5.2.1.1 & 3.9-5.2.1.1)**

- ___ Min. 8'-0" corridor width in procedure suite
- ___ Min. 5'-0" corridor width in other patient areas
- ___ Min. staff corridor width 44"
- ___ Fixed & portable equipment recessed does not reduce required corridor width
- ___ Work alcoves include standing space that does not interfere with corridor width
- ___ ☐ check if function not included in facility

Ceiling Height (3.1-5.2.1.2)

- ___ Min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
- ___ Min. clearance 6'-8" under suspended pipes/tracks

Exits (3.1-5.2.1.3)

- ___ Two remote exits from each floor

Doors (3.9-5.2.1.2)

- ___ Doors to occupiable space min. 3'-0" wide
- ___ Doors for stretcher access min. 3'-8" wide
- ___ Patient toilet room doors
 - ___ outswinging or on pivots
 - ___ can be opened by staff in an emergency

Glazing (3.1-5.2.1.5):

- ___ Safety glazing or no glazing within 18" of floor

Handwashing Stations Locations (3.1-5.2.1.6)

- ___ Located for proper use & operation
- ___ Sufficient clearance to side wall for blade handles

Floors (3.1-5.2.2.2)

- ___ Floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ wet-cleaned flooring resists detergents
- ___ Thresholds & expansion joints flush with floor surface (3.1-5.2.1.7)
- ___ Floor finishes in procedure rooms & decontamination room are monolithic with integral base (3.9-5.2.2.1)
 - ___ min. 6" high integral base in decontamination room

Walls (3.1-5.2.2.3 & 3.9-5.2.2.2)

- ___ Wall finishes are washable
- ___ Wall finish is monolithic & resists chemical cleaning in procedure rooms
- ___ Smooth & moisture resistant finishes at plumbing fixtures

Ceilings (3.9-5.2.2.3)**Procedure rooms & decontamination room**

- | | | |
|-------------------------|-----------|---|
| ___ monolithic ceilings | or | ___ washable ceiling tiles
___ gasketed or clipped-down joints |
|-------------------------|-----------|---|

ELEVATORS

- | | | |
|---|-----------|--|
| ___ Min. one elevator in multistory facility <ul style="list-style-type: none"> ___ min. interior dimension 5'-0" ___ each elevator meets requirements of 3.1-6.2 | or | ___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level |
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PLUMBING**Handwashing Station Equipment**

- ___ Handwashing sink
- ___ Hot & cold water supply
- ___ Soap dispenser
- ___ Hand-drying provisions

Sink Controls (1.6-2.1.3.2)

- ___ Wrist controls or other hands-free controls at all handwashing sinks
- ___ Blade handles max. 4½" long

Medical Gases

- ___ Medical gas outlets provided per Table 3.1-2
- ___ No flammable anesthetics (3.9-5.1.2)

MECHANICAL (3.1-7.2)

- ___ Ventilation airflows provided per Table 2.1-2
- ___ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- ___ Fresh air intakes located min. 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- ___ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- ___ Ventilation openings min. 3" above floor (7.2.5.4(4))
- ___ Min. one filter bed (efficiency 30%) per Table 3.1-1